



Maine Department of Health and Human Services

MECMS Update 71

July 10, 2006

**Billing News & Tips**

**Additional MECMS Release 1 Details**

Additional detail on components of Release 1 is being shared over the next few weeks in *MECMS Update* and through *MECMS Flash* listserv messages. Frequently Asked Questions will also appear in the *Update* and be posted to the web site.

- **Use of the MaineCare member's ID**  
This is associated with all provider types and all claim types. Using the member's social security number instead will result in the claim being denied for payment with a remark code MA61 and adjustment reason code 31 on the Remittance Statement.
- **MECMS code lists are updated**  
This means that code sets are now consistent with external sources through June 20, 2006. Some of the most current code lists are available at the following web site address: <http://www.wpc-edi.com/products/codelists/alertservice>. Local codes still remain in effect, according to OMS policy.
- **Electronic claims submitted for all dates of service will process once the Electronic Media Claims (EMS) Agreement is signed**  
Previously providers received a denial if the date of service was prior to the signed agreement date. The denial was explained with remark code N51 and a reason code of 16. Providers can re-bill any previously denied claims as long as an EMC agreement is now on file.

- **Use of the word "Medicare" in form locator 50a-c on UB-92 claims**  
This field is not case-sensitive, so providers can use all caps, all lower case or a combination. However, providers should not use an abbreviation of the word "Medicare" or "C." Claims will deny if the full word "Medicare" is not used.
- **MECMS now correctly reads the Servicing Provider's specialty and sub-specialty**  
This pertains to providers who bill using the CMS 1500. The remark code for previously denied claims is N95, with an adjustment reason code of B7. This will allow Certified Registered Nurse Anesthetists within a physician practice to be paid correctly.
- **MaineCare will now accept the claims exactly as billed to Medicare on Inpatient, Outpatient and Nursing Home claims for Medicare co-insurance and deductible**  
Providers must bill with a valid revenue or HCPC code to Medicare. The code does not have to be a MaineCare covered code.
- **Remark codes inadvertently changed to 142 on or shortly after January 6, 2006 have been changed back to code A2**  
Adjustment reason codes 142 and A2 will appear correctly on the RA's. 142 will represent a claim adjusted by the monthly Medicaid patient liability amount (cost of care) and the A2 will be for other contractual adjustments. Providers may need to instruct their staff or make changes to their software.

- **Electronic Media Claims (EMC) must be submitted using the standard sequence of records**

Providers who do not bill in the proper EMC format will receive an exception on their acknowledgement and the claims will not load. The proper order is A (File/Batch Header Record, B (Member Header Record), C (Claim Header Record) and so forth through E (Service Line Detail Records) and F Records that are the PCCM/referring number. TPL information goes in Record H. The file ends in Z (File/Batch Trailer Record).

Additional information will be shared in coming editions of the *UPDATE* on the new Void functionality, 837I institutional claims and Crossover-Part A claims.

### **Provider webex conferences to discuss MECMS Release 1 re-scheduled**

Webex conferences previously announced for July 12 and July 13 will be re-scheduled for later in July. Following “go live” of Release 1, work began to load Crossover-Part A claims. The final processing of these claims will occur in the weeks to come. The schedule change will therefore allow us to see those stored Crossover-Part A claims, as well as the void claims that Release 1 addresses, move through the system prior to the webex conferences. As a result, we will be able to share and speak to the resulting Remittance Advices.

### **Provider Services office to close for training day July 28<sup>th</sup>**

The Provider Services office at 1-800-321-5557 option 9 will be closed on Friday, July 28<sup>th</sup> due to an offsite training day. Please remember that you can access eligibility and claims data on the IVR at 1-800-321-5557 option 2 and through the portals on the OMS website at

[http://www.maine.gov/dhhs/bms/member/innerthird/mecms\\_home\\_page.htm](http://www.maine.gov/dhhs/bms/member/innerthird/mecms_home_page.htm)

We will resume normal business hours at 8 a.m. on Monday, July 31<sup>st</sup>.

## **Contact Us**

**Call:** 1-800-321-5557

TTY: 1-800-423-4331

Augusta area: 207-624-7539

**On the web:** [www.maine.gov/dhhs/bms](http://www.maine.gov/dhhs/bms)

### **Write:**

MaineCare Billing and Information Unit  
Office of MaineCare Services  
11 State House Station  
Augusta, ME 04333-0011

### **Our listserv:**

Sign up for a convenient, fast way to get the news you need about billing procedures and other MaineCare provider information:

<http://mailman.informe.org/mailman/listinfo/provider/>

### **Previous issues of *The MECMS Update*:**

[http://www.maine.gov/bms/member/innerthird/mecms\\_update\\_for\\_provider.htm](http://www.maine.gov/bms/member/innerthird/mecms_update_for_provider.htm) ■